LAMAR CISD

A PROUD TRADITION | A BRIGHT FUTURE

2024-2025 Benefit Guide

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OPEN ENROLLMENT CALENDAR OF EVENTS	
APRIL 18 – JUNE 28	Enroll with First Financial using the call center or schedule a meeting
SEPTEMBER 1	Elections are effective
SEPTEMBER 15	Check Pay Stub for correct deductions

If you have Medicare or will become eligible for Medicare in the next 12 months, Federal law gives you more choices about your prescription drug coverage. Please refer to your Medicare Part D Non-Creditable Coverage Notice on pages 41-42 of this guide for more details.

The information contained in this enrollment guide is an outline of the coverage offered by Lamar Consolidated Independent School District. It does not include all of the terms, exclusions, limitations and conditions of the actual contract language. If there is a conflict between the information in this guide and the actual plan documents or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents. Plan documents or policies will be made available for review upon request. Lamar Consolidated Independent School District reserves the right to modify, amend, suspend or terminate any plan at any time for any reason.

Lamar Benefits Hub

Lamar CISD is providing this Benefits Guide to help ensure you are familiar with your Medical, Pharmacy and Dental benefits. We have also provided a Benefits Hub with resources you can access 24/7/365 through our partnership with Flimp Communications. Additional information on these benefits can be found via this link: https://flimp.live/Lamar-CISD-Benefits or by scanning the QR code to the right.

Lamar CISD is also providing a Plan Select Tool which will help you assess which medical plan is right for you and your dependents. All you have to do is access this tool online, answer a few simple questions and PlanSelect will recommend the medical plan that will most likely result in your lowest overall cost. This tool can be access via this link: https://flimp.live/Lamar-CISD-Benefits or by scanning the QR code to the right.

In addition, the District has a separate Benefits Guide related to a variety of Elective Benefits you may choose to further support your personal needs.

Please refer to the Lamar CISD Elective Benefits website at: https://benefits.ffga.com/lamarcisd or by scanning the QR code to the right.

Lamar CISD is pleased to provide you with a Benefit Advocate Center (BAC) as an additional resource to you. You can call the BAC to get additional information on your benefit options as well as to get a better understanding of your plan options OR even how a claim was paid. If there is anything at all you need help with when it comes to understanding your medical plan benefits, CALL THEM! They are happy to help.

PHONE:
844.717.9401

EMAIL:
lamarcisdbenefits@ajg.com

HOURS:
7:00 A.M. – 6:00 P.M. CST

- Enrollment Questions
- Explaining Benefit Provisions
- Confirm Eligibility
- Order ID Cards
- Understanding Explanation of Benefits (EOBs)
- Claim Resolution
- Finding Network Providers
- Bundle your Bills
- Appeal Letter Writing Assistance
- COBRA Questions

Enrollment Eligibility

Lamar Consolidated Independent School District is proud to provide our employees and their families with a comprehensive and affordable benefits package, allowing you to enroll in those plans that best fit your family's needs. This guide can help you make sure you're enrolled in the benefits that best fit your life situation.

Please note, if you are a new hire, you have 31-days from your date-of-hire to make your initial elections. Failure to do so within these first 31-days will forfeit your right to enroll until the next Open Enrollment, or if you have a Change in Family Status. Each year the District announces when their Open Enrollment will be for the September 1 – August 31st benefits year.

Who is eligible?

Employee Eligibility: All Full-Time (FT) employees are eligible for Medical and Supplemental benefits the first of the month following date of hire. For example, if an employee begins work on May 15, 2024, his or her benefits would be effective June 1, 2024.

Who Are Eligible Dependents?

Dependents eligible for coverage include your legal spouse and children under age 26. For medical and supplemental, children under age 26 are eligible regardless of marital or dependent status. Older children who were disabled prior to the limiting age and grandchildren are also considered eligible dependents if you are their legal court ordered guardian and are claiming them as a dependent for tax purposes.

You must provide proof of birth (i.e.: verification of birth facts) to employee benefits within thirty-one (31) days of the date of birth to add a baby as a dependent to your coverage. Lamar CISD will automatically cover a newborn for only a 4-day period.

Please note, verification of dependent eligibility will be completed once enrolled. Dependents that do not meet requirements will be removed. Proof of eligibility will be required to reinstate dependent if dropped.

When You Can Change Your Benefit Elections:

After your initial enrollment period (when you first become eligible for benefits), you may enroll, waive coverage, or change your benefit elections during the stated annual open enrollment period each year (for coverage to become effective September 1) or at any time during the plan year in the event of a qualified change in status (also called a "life event"). If you have a change in status and wish to change any of your benefit elections, you must contact the benefits department within 30 days of the date of the event.

Qualified Changes in Status:

- Employee's marriage or divorce or death of employee's spouse
- Birth, adoption or death of a dependent child
- Change in employee's, spouse's or dependent child's employment status that affects benefit eligibility
- Child becoming ineligible for coverage due to reaching age 26
- Change in the employee's, spouse's or a dependent child's residence that affects eligibility for coverage
- Employee's receipt of a Qualified Medical Child Support Order or letter from the Attorney General ordering the employee to provide (or allowing the employee to drop) Medical coverage for a child
- Changes made by a spouse or dependent child during his/her annual enrollment period with another employer
- The employee, spouse or dependent child becoming eligible or ineligible for CHIP, Medicare or Medicaid
- Significant employer – or carrier – initiated changes in or cancellation of the employee's, spouse's or dependent child's coverage

How to Enroll

There are three key steps you need to take to enroll for your benefits:

Step 1: Review your Medical plan options!

Lamar CISD has provided a PLANSelect tool as a way of providing resources to help you better understand your Medical plan options. This tool will be updated on an ongoing basis to help ensure the benefits are always up to date. Access the PLANSelect tool here: https://flimp.live/7bar28j0v4q

Step 2: Speak with a First Financial representative.

Step 3: Make your elections!

» Go to https://selfserve.lcisd.org to enter your selections in Munis Self-Service.

» **For New Hires:**

Your benefits will become effective the 1st day of the month following your date-of-hire

» **For those making changes during Open Enrollment:**

Your benefits will become effective September 1st

» **For those making changes due to a Qualified Change in Status:**

It is your responsibility to contact the Benefits Department within 30 days of the qualifying event to request a change to your benefits. You must provide the Benefits Department with documentation that states the qualifying event and the date this event has or will occur.

Lamar CISD has also provided a variety of videos to further help educate you on the benefits available to you. To view these at any time, please access https://flimp.live/7bar28j0v4q and scroll down towards the bottom of the page to see all of the videos available.

Employee Assistance Program via SupportLinc

Lamar CISD has a dedicated line for mental health you can reach out 24/7 to 832.223.HOPE(4673).

EMPLOYEE ASSISTANCE PROGRAM VIA SUPPORTLINC

SupportLinc is a program sponsored by Lamar CISD that is available for yourself and all members of your household - whether they are enrolled in one of our health plans or not, all at **NO COST TO YOU FOR 5 SESSIONS**.

Emotional wellbeing and work-life balance resources to keep you at your best

SupportLinc offers expert guidance to help you and your family address and resolve everyday issues.

In-the-moment support
Reach a licensed clinician by phone 24/7/365 for immediate assistance.

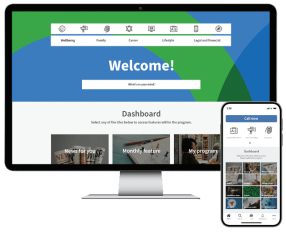
Financial expertise
Consultation and planning with a financial counselor.

Legal consultation
By phone or in-person with a local attorney.

Short-term counseling
Access up to **five (5) no-cost counseling sessions**, in-person or via video, to resolve stress, depression, anxiety, work-related pressures, relationship issues or substance abuse.

Convenience resources
Referrals for child and elder care, home repair, housing needs, education, pet care and so much more.

Confidentiality
Strict confidentiality standards ensure no one will know you have accessed the program without your written permission except as required by law.



Your web portal and mobile app

- The one-stop shop for program services, information and more.
- Discover on-demand training to boost wellbeing and life balance.
- Find search engines, financial calculators and career resources.
- Explore thousands of articles, tip sheets, self-assessments and videos.

Convenient, on-the-go support

- **Textcoach®**
  Personalized coaching with a licensed counselor on mobile or desktop.
- **Animo**
  Self-guided resources to improve focus, wellbeing and emotional fitness.
- **Virtual Support Connect**
  Moderated group support sessions on an anonymous, chat-based platform

Start with Navigator
Take the guesswork out of your emotional fitness! Visit your web portal or mobile app to complete the short Mental Health Navigator survey. You'll immediately receive personalized guidance to access support and resources.

supportlinc

Download the mobile app today!

1-800-475-3327

supportlinc.com
group code:
lamarcisd

Houston-Galveston Institute (HGI) Supports

HGI Staff Support

LCISD has collaborated with HGI Counseling Center to provide a unique support program for Lamar CISD staff. Everyone needs a little help sometimes. This program can provide you with that little boost. HGI is the leader in Collaborative Therapy, and will work with you on what you want to work on, achieve, or change. They listen to you, ask questions, explore ideas, and find solutions. HGI's style of therapy is a unique collaboration with you. Clients have reported that what they accomplished in therapy continues to change their lives on a more permanent basis, instead of being only a temporary solution. HGI Counseling's collaborative approach is to help you achieve your goals and can include either therapy or life coaching. You will work with your therapist to determine which process will be a best fit for your goals and the stated obstacles to your goals.

If any of this sounds like something you could benefit from call 346.352.2195 between 7 a.m. and 5 p.m. on Tuesdays, Wednesdays, and Thursdays to be connected with a skilled professional.

Walk-in Virtual Clinic

» Anonymous access
» Accessible before / during / after school for staff (7am – 5pm)
» On demand or scheduled
» 30-minute sessions – follow up if requested

Short-Term Care

» If extensions are necessary or recommended:
» HGI works with staff member for options

Counseling

» Dealing with stress and/or anxiety
» Emotional situations or issues
» Managing burnout

Life Coaching

» Improve productivity and focus
» Improve self-confidence
» Improve resiliency
» Help to find purpose or passion in life

Medical and Pharmacy Plans

Administered by UnitedHealthcare

KelseyCharter Plans

The Kelsey Charter Plan is a partnership between UHC and Kelsey Seybold clinics that utilizes only Kelsey Seybold physicians and affiliates. This is an in-network plan only. If you are out of the area and have an emergency, you may seek emergency care.

Benefit Plan	Plan A	Plan B
Network Access	Kelsey Charter	
	In-Network ONLY	In-Network ONLY
Coinsurance	0%	30%
Calendar Year Deductible (Individual / Family)	$2,150 / $6,450	$1,150 / $3,450
Maximum Out of Pocket Limits (Individual / Family) To include copays, coinsurance and/or any charges that apply to your deductible	$6,000 / $12,000	$6,000 / $12,000
Physician Office Visit Copay	$20 copay	$20 copay
Specialist Office Visit Copay	$40 copay	$40 copay
Preventive Care Services	100%	100%
Telemedicine	100%	100%
Urgent Care	$25 copay	$25 copay
Emergency Room Visit (waived if admitted)	$500 copay, deductible and coinsurance waived	$500 copay, deductible and coinsurance waived
Hospital Inpatient	0% after deductible	30% after deductible
Hospital Outpatient	0% after deductible	30% after deductible
Walk-In Clinics	$20 copay	$20 copay
Lab and X-Ray	0% after deductible	30% after deductible
Major Diagnostics (CT, PET, MRI, MRA and Nuclear Medicine)	0% after deductible	30% after deductible
Outpatient Rehabilitation (Chiro, PT, OT, Speech, Pulmonary, Cardiac)	$20 copay	$20 copay
Mental Health / Substance Abuse - Inpatient	0% after deductible	30% after deductible
Mental Health / Substance Abuse - Outpatient	$20 copay	$20 copay
Prescription Drug Coverage		
Separate Pharmacy Deductible	$100 Individual / $300 Family (waived for Tier 1)	$100 Individual/$300 Family (waived for Tier 1)
Tier 1 (Retail / Mail Order)	$10 / $20	$10 / $20
Tier 2 (Retail / Mail Order)	$30 /$60	$30 / $60
Tier 3 (Retail / Mail Order)	$60 / $120	$60 / $120
Specialty Medications	Please call OptumRx for pricing	Please call OptumRx for pricing

Payroll Contributions Per Paycheck	Plan A	Plan B
Employee Only	$51.86	$73.03
Employee + Spouse	$286.04	$382.98
Employee + Child(ren)	$237.42	$307.75
Employee + Family	$343.69	$458.37

Medical and Pharmacy Plans

Administered by UnitedHealthcare

NexusACO Plans

The NexusACO Plans utilize the NexusACO Open Access network. Benefits are only for in-network providers. If you are out-of-the area and have an emergency, you may seek emergency care. When you choose a Designated Network provider, you are choosing Tier 1 providers in the Memorial Hermann Hospital system. If you choose providers outside of the Memorial Hermann Hospital system (Tier 2) your coverage will be lower.

Benefit Plan	Plan A		Plan B	
Network Access	NexusACO			
	Tier 1/Designated Network	Tier 2	Tier 1/Designated Network	Tier 2
Coinsurance	0%	20%	30%	50%
Calendar Year Deductible (Individual / Family)	$3,150 / $9,450		$1,150/$3,450	
Maximum Out-of-Pocket Limits (Individual / Family) To include copays, coinsurance and/or any charges that apply to your deductible	$6,000 / $12,000		$6,000/$12,000	
Physician Office Visit Copay	$20 copay	$30 copay	$20 copay	$30 copay
Specialist Office Visit Copay	$40 copay	$80 copay	$40 copay	$80 copay
Preventive Care Services	100%	100%	100%	100%
Telemedicine	100%	100%	100%	100%
Urgent Care	$25 copay		$25 copay	
Emergency Room Visit (waived if admitted)	$500 copay, deductible and coinsurance waived		$500 copay, deductible and coinsurance waived	
Hospital Inpatient	0% after deductible	$750 copay + 20% after deductible	30% after deductible	$750 copay + 50% after deductible
Hospital Outpatient	0% after deductible	20% after deductible	30% after deductible	50% after deductible
Walk-In Clinics	$20 copay	$30 copay	$20 copay	$30 copay
Lab and X-Ray	0% after deductible		30% after deductible	
Major Diagnostics (CT, PET, MRI, MRA and Nuclear Medicine)	0% after deductible		30% after deductible	
Outpatient Rehabilitation (Chiro, PT, OT, Speech, Pulmonary, Cardiac)	$20 copay		$20 copay	
Mental Health / Substance Abuse - Inpatient	$750 copay + 20% after deductible		$750 copay + 30% after deductible	
Mental Health / Substance Abuse - Outpatient	$20 copay		$20 copay	
Prescription Drug Coverage				
Separate Pharmacy Deductible	$100 Individual / $300 Family (waived for Tier 1)		$100 Individual / $300 Family (waived for Tier 1)	
Tier 1 (Retail / Mail Order)	$10 / $20		$10 / $20	
Tier 2 (Retail / Mail Order)	$30 / $60		$30 / $60	
Tier 3 (Retail / Mail Order)	$60 / $120		$60 / $120	
Specialty Medications	Please call OptumRx for pricing		Please call OptumRx for pricing	

Payroll Contributions Per Paycheck	Plan A	Plan B
Employee Only	$51.86	$73.03
Employee + Spouse	$286.04	$382.98
Employee + Child(ren)	$237.42	$307.75
Employee + Family	$343.69	$458.37

Medical and Pharmacy Plans

Administered by UnitedHealthcare

Broad Network Plans

The Broad Network plans use UHC's Choice network.This network gives you the greatest amount of flexibility in which providers you use, however your costs for this plan will be higher.

Benefit Plan	Plan A	Plan B	Plan HDHP (HSA)
Network Access	Broad[1]		
	In-Network	In-Network	In-Network
Coinsurance	10%	40%	0%
Calendar Year Deductible (Individual / Family)	$4,000 / $12,000	$2,000 / $6,000	$4,500 / $9,000
Maximum Out-of-Pocket Limits (Individual / Family) To include copays, coinsurance and/or any charges that apply to your deductible	$8,000 / $16,000	$8,000 / $16,000	$4,500 / $9,000
Physician Office Visit Copay	$30 / $50 copay	$30 / $50 copay	0% after deductible
Specialist Office Visit Copay	$50 / $100 copay	$50 / $100 copay	0% after deductible
Preventive Care Services	100%	100%	100%, deductible waived
Telemedicine	100%	100%	0% after deductible
Urgent Care	$25 copay	$25 copay	0% after deductible
Emergency Room Visit (waived if admitted)	$500 copay, deductible and coinsurance waived	$500 copay, deductible and coinsurance waived	0% after deductible
Hospital Inpatient	$750 copay + 10% after deductible	$750 copay + 40% after deductible	0% after deductible
Hospital Outpatient	10% after deductible	40% after deductible	0% after deductible
Walk-In Clinics	$30 / $50 copay	$30 / $50 copay	0% after deductible
Lab and X-Ray	10% after deductible	40% after deductible	0% after deductible
Major Diagnostics (CT, PET, MRI, MRA and Nuclear Medicine)	10% after deductible	40% after deductible	0% after deductible
Outpatient Rehabilitation (Chiro, PT, OT, Speech, Pulmonary, Cardiac)	$50 copay	$50 copay	0% after deductible
Mental Health / Substance Abuse - Inpatient	$750 copay + 10% after deductible	$750 copay + 40% after deductible	0% after deductible
Mental Health / Substance Abuse - Outpatient	$30 copay	$30 copay	0% after deductible
Prescription Drug Coverage			
Separate Pharmacy Deductible	$150 Individual / $450 Family (waived for Tier 1)	$150 Individual / $450 Family (waived for Tier 1)	N/A
Tier 1 (Retail / Mail Order)	$15 / $30	$15 / $30	0% after deductible
Tier 2 (Retail / Mail Order)	$60 / $120	$60 / $120	0% after deductible
Tier 3 (Retail / Mail Order)	$90 / $180	$90 / $180	0% after deductible
Specialty Medications	Please call OptumRx for pricing	Please call OptumRx for pricing	0% after deductible

[1]Broad Network includes Premium Designated Providers.

Payroll Contributions Per Paycheck	Plan A	Plan B	Plan HDHP (HSA)
Employee Only	$73.62	$103.67	$12.50
Employee + Spouse	$406.02	$543.62	$221.94
Employee + Child(ren)	$337.02	$436.83	$181.19
Employee + Family	$487.86	$706.74	$274.35

Medical and Pharmacy Plans

Administered by UnitedHealthcare

How Does a High Deductible Health Plan Benefit You?

WHAT IS A HIGH DEDUCTIBLE HEALTH PLAN?

A High Deductible Health Plan, also called a Consumer Driven Health Plan, is health insurance with lower premiums, but higher out-of-pockets costs when you need care.

» This means covered health care services such as Office Visits, Prescription Drugs, and Diagnostic Testing are all out-of-pocket until you reach your Deductible.

» The only exception to this rule is any covered Preventive Care Service, which is always covered at 100% as long as you remain in-network.

» The Federal Government sets the guidelines on what can be considered Preventive Care. Additional information can be found on HealthCare.gov.

Important information about your High Deductible Health Plan. The District has included coverage for certain chronic condition medications where your deductible would be waived and these prescribed medications would be covered at 100%. To find out if a drug is covered, please check your plan benefits on the health plan's member website. Or, call the toll-free phone number on your member ID card.

WHAT SETS AN HDHP PLAN APART?

» If you enroll in an HDHP, you are also able to open a Health Savings Account (HSA)

» Each year, the IRS defines the minimum deductible needed in order to ensure a HDHP meets the definition

» Other than Preventive Care Services, your deductible must be met before the plan pays for your covered health care services.

OPENING AN HSA ACCOUNT IS THE SIMPLE WAY TO SAVE FOR HEALTH CARE EXPENSES

Please note: In order to qualify for a Health Savings Account (HSA) you must be enrolled in the District's High Deductible Health Plan!

If you choose to enroll in the District's High Deductible Health Plan, the District will contribute up to $500 into your HSA plan automatically each year.

You can decide to contribute additional funds, up to the annual limits set by the IRS, via convenient payroll deductions. Currently, the IRS contribution limits, including the District's is:

» $4,150 for an individual or

» $8,300 if you cover yourself and any dependents.

Unlike an FSA account, you can only use funds in your H.S.A. as you accumulate them.

WHAT ARE THE BENEFITS OF HAVING A HEALTH SAVINGS ACCOUNT (HSA)?

» You are able to make tax-deductible contributions up to the legal limit set by the IRS each year, lowering your tax liability

» You are able to make tax-free withdrawals from your HSA to cover qualified medical, dental and vision expenses.

» Unlike an FSA, the funds in your HSA account are "Use it or Keep It" and are always yours to keep. The funds are never forfeited

HOW TO MAXIMIZE THE BENEFITS OF YOUR HDHP AND HSA:

» To ensure you are receiving the care you need, at the most qualified and cost-efficient provider while maximizing the savings in your HSA account, we encourage you to access the Cost Transparency tools available to you via UHC.

For additional information, please access the Lamar CISD Benefits Hub.

Resources Included With Your Health Plan

United HealthCare offers a variety of value-added services for your benefits. These include:

TELEMEDICINE BENEFITS AT 100%:

With 24/7 Virtual Visits, you can connect to a doctor by phone or video through myuhc.com® or the UnitedHealthcare® app. Doctors can treat a wide range of health conditions — including many of the same conditions as an emergency room (ER) or urgent care — and may even prescribe medications, if needed. With your UnitedHealthcare® plan, your cost for a 24/7 Virtual Visit is $0.

UHC MATERNITY SUPPORT PROGRAM:

Whether you're thinking about having a baby or have one on the way, maternity support is here to provide information and resources — from planning for a pregnancy to postpartum. Our program provide members with education, resources and individualized support to help members focus on a healthy pregnancy and birth. These programs are available to members at no extra cost.

TALKSPACE:

TalkSpace is the most comprehensive and convenient way to take care of your mental health and wellness. With TalkSpace online therapy, you can regularly communicate with a therapist, safely and securely from your phone or desktop. No office visit required.

RALLY HEALTH:

Learning how to live healthy is easier when you've got some help to find your way. That's what Rally® is all about. It's a website and mobile app that helps you learn simple ways to take care of yourself – from being more active to eating better. When you start making small changes and adding healthy habits to your everyday life, you start moving toward better health management, which helps you live a full, active life.

REAL APPEAL:

Get support with Real Appeal®, an online weight loss program. Real Appeal is rooted in clinical research and designed to help you achieve lasting results. The program is available to you and eligible family members at no additional cost as part of your health plan benefits.

VITAL MEDICATIONS PROGRAM:

UnitedHealthcare is taking an important step in its continued efforts to make prescription drugs more affordable by eliminating out-of-pocket costs for drugs that are critical to maintaining the health of our members.

United HealthCare's Vital Medication Program offers the preferred drugs listed below at no out-of-pocket cost to you:

» insulin – rapid, short and long-acting
» epinephrine – allergic reactions
» glucagon – hypoglycemia (low blood sugar)
» naloxone – opioid overuse
» albuterol – asthma

ADVANCED CLINICAL ENGAGEMENT AND SUPPORT – ACES:

When you live with an ongoing health condition, support programs can be a helpful way to get guidance along the way. You can look to support programs to get you in touch with experts who are trained to help you find healthy ways to cope, help you learn to live a rewarding life and overcome challenges you may face.

ADVOCATE FOR ME:

When you call Member Services, you'll be connected with an an advocate, specially trained individual who can help answer questions or find answers for you. Advocates have access to a team of professionals skilled in clinical care, emotional health, pharmacy, special needs, health care costs and medical plan benefits. They're here to provide you with the support you need when you need it, for a more positive and effective experience.

***Additional information can be found in the "Flyers and Additional Benefit Information" section starting on page 17.**

Resources Included With Your Pharmacy Plan

United HealthCare offers a variety of value-added services for your benefits. These include:

PHARMACY ONBOARDING:

1. To set up your account:
2. Visit www.myuhc.com or access the mobile app.
3. Select Register on the home page or the app's home screen.
4. Enter the information from your member ID card.
5. Create a username and password.
6. Complete your profile.*

If you already have an account, sign in using your username and password.

*Once created, your sign-in information can be used to access your account on both the mobile app and website.

HOME DELIVERY:

We offer convenient delivery of medications directly to your home or preferred location. We use experienced carriers to help ensure your medications are carefully shipped. If your medications require special handling or refrigeration, they will be packed and shipped accordingly. **There is no cost for shipping or handling.**

SPECIALTY PHARMACY PROGRAM:

The Specialty Pharmacy Program **supports the health care provider/patient relationship to help better manage rare and complex chronic conditions**. Specialty medications can be covered under the pharmacy benefit, the medical benefit or both benefits, depending on the benefit structure applied to the coverage policy.

SPECIALTY MEDICATIONS:

Specialty medications must be ordered from a network specialty pharmacy to get network coverage. Not all medications listed may be covered or locked* under your plan. At times, generic versions may be covered when the brand is excluded. Other restrictions, such as prior authorization, supply limits or step therapy may apply. Refer to your benefit plan documents to check coverage.

PRE-CHECK MY SCRIPT:

UnitedHealthcare is making it easier and quicker for care providers to prescribe medications for their patients through a new online solution called Pre-Check My Script. Pre-Check My Script provides precise cost information at the point of drug prescribing based on the patient's benefit plan, and gives care providers patient-specific pharmacy information and details of their insurance coverage. It also automates prior authorizations when needed, eliminating the need for phone calls or faxes. This helps lower costs and results in more timely prescriptions, less administrative hassle and a better patient experience.

***Additional pharmacy information can be found in the "Flyers and Additional Benefit Information" section starting on page 17.**

Dental

Exclusive Network Dental Plan (ENDP)

HOW TO FIND AN IN-NETWORK PROVIDER (WHETHER REGISTERED ONLINE OR NOT)

http://www.uhc.com

1. Select Find a Doctor
2. Select Find a Dentist
3. Select Employer and Individual Plans
4. Search by your location to find a plan
5. Select your dental Plan: TX ENDP

THE DISTRICT IS PLEASED TO PROVIDE A DENTAL ENDP PLAN AS ANOTHER OPTION FOR ITS EMPLOYEES

With an ENDP plan, you choose a primary care dentist (PCD) to coordinate all of your needed dental services.

The ENDP plan provides a list of copays for all covered services. You can access this copay schedule by calling Member Services at 877.816.3596.

Benefit Plan	DHP
Plan Year Deductible	Not Applicable
Preventive Care (Cleanings, Exams, X-Ray)	Various copays
Basic Care (Endo, Perio, Oral Surgery)	Various copays
Major Care (Crowns, Bridges, Dentures)	Various copays
Orthodontics (Children to age 19)	Various copays
Calendar Year Out-of-Pocket Maximum	Unlimited

Payroll Contributions Per Paycheck	
Employee Only	$6.53
Employee + Spouse	$12.66
Employee + Child(ren)	$13.69
Employee + Family	$19.82

Dental

USE YOUR DENTAL CLEANINGS TO PREVENT PROBLEMS LATER ON

PPO

HOW TO FIND IN-NETWORK DENTIST (WHETHER REGISTERED ONLINE OR NOT)

www.uhc.com

1. Select **Find a Doctor**
2. Select **Find a Dentist**
3. Select **Employer and Individual Plans**
4. Search by your location to find a plan
5. Select your dental Plan: **National Options PPO 20**

THE DISTRICT IS PLEASED TO PROVIDE ITS EMPLOYEES WITH TWO DIFFERENT DENTAL PPO PLANS TO HELP MEET YOUR NEEDS

Both the Low Plan and High Plan provide services for in-network as well as out-of-network providers. Whether you use In-network of Out-of-Network dentists, the network percentage of benefits is based on the discounted fees negotiated with providers. If you choose to go out-of-network, you may be balance billed for amounts over the Maximum Allowable Amount. **Please note the percentages below reflect what the plan pays.**

Benefit Plan	Low Plan	High Plan
Network Access	PPO	PPO
Plan Year Deductible (Individual)	$100	$100
Plan Year Deductible (Family)	$300	$300
Annual Maximum	$750	$1,500
Preventive and Diagnostic Care (Routine Cleaning, Oral exam, Sealants, Lab and Other Diagnostic Tests, Radiographs)	100%	100%
Basic Services (Restorations, Endodontics, Periodontics, Simple Extractions, Surgical Extractions)	70%	80%
Major Services (Crowns, Inlays / Onlays, Dentures, Bridges)	40%	50%
Orthodontia Child (Up to age 19)	50% Lifetime Maximum: $750	50% Lifetime Maximum: $1,500
Out-of-Network Reimbursement	MAC*	MAC*

*Maximum Allowable Charge

Payroll Contributions Per Paycheck	DPPO Low	DPPO High
Employee Only	$20.70	$21.79
Employee + Spouse	$41.39	$43.58
Employee + Child(ren)	$51.94	$54.69
Employee + Family	$75.95	$79.97

Flyers and Additional Benefit Information

Medical and Pharmacy Plans

Administered by UnitedHealthcare

Stay Connected With Virtual Visits

Visit with a doctor 24/7—whenever, wherever

With 24/7 Virtual Visits, you can connect to a doctor by phone or video[1] through **myuhc.com**® or the UnitedHealthcare® app.

A convenient and faster way to get care

Doctors can treat a wide range of health conditions—including many of the same conditions as an emergency room (ER) or urgent care—and may even prescribe medications,[2] if needed. **With a UnitedHealthcare plan, your cost for a 24/7 Virtual Visit is usually $0.[3]**

Consider 24/7 Virtual Visits for these common conditions:

- Allergies
- Bronchitis
- Eye infections
- Flu
- Headaches/migraines
- Rashes
- Sore throats
- Stomachaches
- and more

$0 cost

An estimated 25% of ER visits could be treated with a 24/7 Virtual Visit—bringing a potential $2,000[4] cost down to $0.

Get started

Sign in at **myuhc.com/virtualvisits** | Call **1-855-615-8335**
Download the UnitedHealthcare app

United Healthcare

[1] Data rates may apply.

[2] Certain prescriptions may not be available, and other restrictions may apply.

[3] The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change at any time.

[4] Average allowed amounts charged by UnitedHealthcare Network Providers are not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. Estimated Urgent Care savings are based on the difference between average Urgent Care visit cost of $180 and Virtual Visit cost of $0; $2,000.00 difference between the average Emergency Room visit and the average urgent care visit. The information and estimates provided are for general informational and illustrative purposes only and is not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 911 or go to the nearest emergency room.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

24/7 Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.

Medical and Pharmacy Plans

Administered by UnitedHealthcare

Stay Connected With Virtual Visits

How to register

1. Go to **myuhc.com** or download the UnitedHealthcare app and click **Register Now**
2. Complete the required fields and create your username/password
3. Enter your contact information and security questions
4. Agree to the terms and conditions and select your email preferences
5. Go paperless—from your account settings, choose paperless in your communication preferences

Go paperless

- Less paper, less clutter
- Get your required communications online

Get started at myuhc.com

United Healthcare

24/7 Virtual Visits is a service available with a provider via video, or audio-only where permitted under state law. It is not an insurance product or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Available only for insured plans and self-funded plans with Optum Rx integrated pharmacy benefits.

All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under the Find Care & Costs section.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Health plan coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by All Savers Insurance Company (except CA, MA, MN, NJ and NY), UnitedHealthcare Insurance Company in MA and MN, UnitedHealthcare Life Insurance Company in NJ, UnitedHealthcare Insurance Company of New York in NY, and All Savers Life Insurance Company of California in CA.

Additional Resources Included In Your Medical / Pharmacy Plans

Get support for your precious delivery

Whether you're thinking about having a baby or have one on the way, maternity support is here to provide information and resources—from planning for a pregnancy to postpartum.

Offering care throughout your journey

Maternity support is designed for all mothers, no matter what the pregnancy journey looks like.

Start by taking a maternity support assessment, which only takes minutes to complete. Based on your responses, a maternity nurse may reach out to you and connect you with the care you need, answer your questions and support you every step of the way. A maternity nurse is trained to:

- Share information designed to help you care for your and your baby's health
- Help you choose a doctor or nurse midwife
- Support your physical, mental and emotional health—before and after birth
- Help you find a pediatrician or other specialist

You'll also get 24/7 access to 7 online maternity courses:

1. Preconception: Preparing for a healthy pregnancy
2. Pregnancy in the first trimester
3. Pregnancy in the second trimester
4. Pregnancy in the third trimester
5. The fourth trimester after pregnancy: Postpartum
6. Pregnancy nutrition and exercise
7. Exploring breastfeeding

Get started

Visit **myuhc.com/maternity** to complete the assessment, watch videos and learn more about maternity support

United Healthcare

Medical and Pharmacy Plans

Administered by UnitedHealthcare

Additional Resources Included In Your Medical / Pharmacy Plans

Healthier habits, healthier lifestyle

Get support with Real Appeal®, an online weight loss program.

Support to help you reach your goals at $0 out-of-pocket

Real Appeal is rooted in clinical research and designed to help you achieve lasting results. The program is available to you and eligible family members at no additional cost as part of your health plan benefits.

Take small steps toward healthier habits

Set achievable nutrition, exercise and weight loss goals, and track your progress from your daily dashboard.

Support and community along the way

Stay focused on your goals with online group sessions led by coaches and a caring community of members.

Our Success Kit. Delivered to your door.

You'll get tools and resources like weight and food scales, exercise equipment, food guides and more.

Visit myuhc.com® > Health Resources > Real Appeal

United Healthcare | Real Appeal®

Real Appeal is a voluntary weight loss program that is offered to eligible members at no additional cost as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Results, if any, may vary. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Medical and Pharmacy Plans

Administered by UnitedHealthcare

Additional Resources Included In Your Medical / Pharmacy Plans

Fast, easy and secure. The UnitedHealthcare website and app gives you the information you need to make the most of your pharmacy benefit.

Convenient tools at home or on-the-go

- Find drug prices and lower-cost alternatives.
- View real-time benefits and claims history.
- Locate a network pharmacy.
- Access your ID card, if your plan allows.
- Set up text message medication reminders online.
- Request a prior authorization for medication.
- Manage medication for covered dependents and spouses.

If you use home delivery, you can:

- Request to transfer retail prescriptions to home delivery.
- Track orders.
- Refill home delivery prescriptions.

myuhc.com

Access your pharmacy benefits online or from your smartphone or tablet.

continued

United Healthcare

Additional Resources Included In Your Medical / Pharmacy Plans

Simple, current, personalized

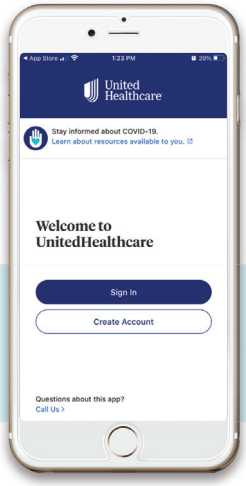
- **Save time**—Skip the pharmacy line. Order medications you take regularly online and make fewer trips to the pharmacy.
- **Save money**—Get 3-month supplies and you could pay less. Orders are sent using free standard shipping.

To set up your account:

1. Visit **myuhc.com** or access the mobile app.
2. Select **Register** on the home page or the app's home screen.
3. Enter the information from your member ID card.
4. Create a username and password.
5. Complete your profile.*

If you already have an account, sign in using your username and password.

*Once created, your sign-in information can be used to access your account on both the mobile app and website.



Register online or download the UnitedHealthcare® mobile app to easily manage your prescriptions today.

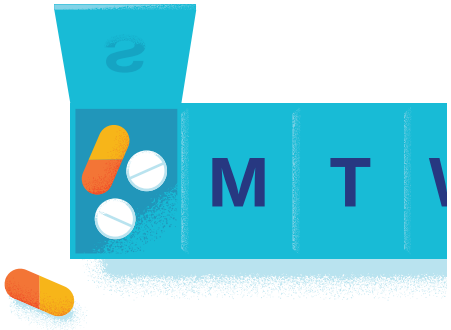
United Healthcare

Additional Resources Included In Your Medical / Pharmacy Plans

Pharmacy | Home delivery

Let Optum Home Delivery bring your medications to you

With Optum® Home Delivery, you can get a 3-month supply of your long-term medications. Plus, they are mailed to you with free standard shipping.



Want more reasons?

Skip the trips

Your medications can be delivered to your door. You don't even have to leave home or wait in the pharmacy line.

Save some money

You may pay less than what you do at in-store pharmacies. And, standard shipping is free.

Stay on track

With a 3-month supply, you may be less likely to miss a dose. You can even sign up for automatic refills.

Pay your way

Make 1 payment upfront or split it up into 3 equal monthly payments with the Easy Payment Plan.

Get the lowest price

Members who use home delivery save $10-12* on average per order when they use the drug pricing tool and fill with home delivery.

Go online or use the UnitedHealthcare app to see what you can save.

*2020 Optum Rx drug pricing tool cost analysis.

We're here when you need us

Use the website and app any time to track orders, request refills, price medications and more. Pharmacists and customer support team are also ready 24/7.

Ready for home delivery? Here are the ways to sign up.

- **myuhc.com®** or with the **UnitedHealthcare® app**.
- Or, ask your doctor to send an electronic prescription to Optum Rx.
- Or, call the number on your member ID card.

continued

United Healthcare

Additional Resources Included In Your Medical / Pharmacy Plans

Frequently asked questions

Is Optum Home Delivery in my plan's network?
Yes, it's part of your plan's pharmacy network.

Once I've enrolled in home delivery, how long will it take to get my medication(s)?
Medications should arrive 2-5 business days after the pharmacy receives completed new and refill orders.

Do I need to set up a home delivery account?
Yes. Before we can ship your first order, you need to set up your UnitedHealthcare account and provide your payment method (credit card, debit card or bank account). Using your account, you can go online or use the app any time to place and track orders, check prices, and more.

What is a long-term medication?
Long-term medications are those you take on a regular basis. They may also be called "maintenance medications." These may be taken for high blood pressure, cholesterol and depression, just to name a few.

Can I use home delivery for any medication?
Many drugs are available through home delivery. See which of your prescriptions can be filled through home delivery by going online or using the app.

What is electronic prescription?
It's a way for your provider to send electronic prescriptions to Optum Rx. It is much faster than mailing and faxing prescriptions. Controlled substances can only be ordered by ePrescribe. Some exceptions apply.

Can I set up medication reminders?
Yes. Go online or use the app to check your profile and turn on email and phone notifications and reminders.

How does the automatic refill program work?
Go online or use the app to see and enroll eligible medications. Then, Optum Home Delivery will send your refills when it's time. They will notify you before they ship and they'll use your approved payment method on file. It's that easy.

How does the Easy Payment Plan work?

Call the number on the back of your member ID card to place your medication order and ask for the Easy Payment Plan. We'll split the cost for that order into 3 equal monthly payments that will be charged automatically to the payment method on file. When you make the first payment, we'll ship the entire supply. Then, we'll remind you before the other payments are due.

Don't wait.

Sign up for home delivery today.
Log in to **myuhc.com** or use the **UnitedHealthcare® app.**
Or, call the number on the back of your ID card.

Confused about health care terms? Visit **justplainclear.com.**

Additional Resources Included In Your Medical / Pharmacy Plans

Pharmacy | Specialty Pharmacy

What is a specialty medication?

A specialty medication may be injected, infused, taken by mouth or inhaled. It's different from other medication because it:

- May need ongoing clinical oversight and extra education
- Has unique storage or shipping needs
- May not be available at retail pharmacies
- May need infusion or home nursing

What services does the specialty pharmacy provide?

You'll get access to these helpful resources.

Easy prescriptions

- Get medications delivered on time, accurately, and affordably
- Order refills by phone or online*
- Receive support through virtual visits, calls, live chat, or text

Expert guidance

- Connect with a clinician to help manage your medications
- Find out about financial help for your medication
- Learn more about your condition and treatment through videos

continued

United Healthcare

Additional Resources Included In Your Medical / Pharmacy Plans

Guiding your health journey under the pharmacy benefit

UnitedHealthcare offers specialty medication support through Optum® Specialty Pharmacy. Managing and living with a complex health condition is challenging. Optum Specialty Pharmacy is here for you when you need them.

Getting started

Call **1-855-427-4682** to switch.

Pharmacists and patient care coordinators are ready 24/7 to help you:

- Transfer your prescription
- Find affordable ways to get your medication
- Explain how to use the specialty pharmacy

Personalized support

Optum Specialty Pharmacy is always ready by phone to answer questions about your medication, side effects and more. You can also use the tools below:

Virtual visits – Set up a video chat with an expert in your condition. Ask questions from the privacy of your home. You can even record your session to review later or to share with your caregivers.

Video series – Watch videos from other patients with specialty conditions. Hear about their treatment and how they are doing.

Working with your pharmacist or nurse

- Tell us how your therapy is going, if you're having trouble keeping up, having side effects or forgetting to take your medication.
- We can help you find wellness programs to help you stay on track.
- If you're part of a clinical management program, follow your care plan and tell us about any new medications you're taking.

Staying on track

A few days before your next fill, Optum Specialty Pharmacy will send you a refill reminder by email, phone or text. Call to sign up for text messages.

Optum Specialty Pharmacy can only fill specialty medications. Use your home delivery or retail pharmacy for your non-specialty prescriptions. You may pay less with home delivery and lower-cost options.

United Healthcare

* Some medications for more complex conditions do not qualify for online ordering. Call 1-855-427-4682 and speak with a patient care coordinator to order those refills.

Optum Specialty Pharmacy is affiliated with Optum Rx, a pharmacy benefits manager. You may not be required to use Optum Specialty Pharmacy for your specialty medication. There may other pharmacies available in your network. Call the customer service number on your member ID card or visit your plan website and use the pharmacy locator to view listings. Your receipt of this communication is acknowledgment of the information provided. You may contact the customer service number on your member ID card for any questions or concerns.

Dental Plans

Administered by UnitedHealthcare

Additional Resources Included In Your Dental Plans

Dental Plans
Consumer MaxMultiplier®

$750 annual maximum

Get rewarded for taking care of your smile.

Our Consumer MaxMultiplier program rewards you for keeping up with your dental care by adding dollars to next year's annual maximum. And it's included as part of your dental plan.

Earn up to **$225**[1] to add to your $750 annual maximum.

Program highlights:

- Earn award dollars for visiting your dentist at least once a year.[1]
- Your award dollars will help to pay for claims that go beyond your annual maximum.
- Unused award dollars can roll over each year.

How your award dollars add up:

Here's an example of the award dollars you could earn if you visit your dentist at least once this year.

This year's annual maximum is: **$750**

If your total claims are less than: **$250**

You'll earn an award of: **$125**

Plus, if you have a Dental PPO plan and all claims are with network dentists, you'll earn an extra **$100**.

Your award dollars will be added to next year's annual maximum to pay for qualifying claims.

View your annual maximum balance on **myuhc.com®**

Questions? Call the number on the back of your ID card.

SEE BACKSIDE FOR PROGRAM RULES.

UnitedHealthcare®

Dental Plans

Administered by UnitedHealthcare

Additional Resources Included In Your Dental Plans

Program rules:

1. $750 is the most award dollars that can be rolled over to the annual maximum. The total annual maximum cannot go above $1,500.
2. If your plan has different annual network and out-of-network maximums, the award dollars will be based on the annual out-of-network maximum.
3. Award dollars can be used for claims filed up to 180 days after your benefit period ends.
4. Award dollars can be used for both network and out-of-network claims.
5. Award dollars do not apply to orthodontic services.
6. If you sign up for a UnitedHealthcare Dental PPO or Dental In-Network Only (INO) plan in the last three months of a benefit period, you will have to wait until the end of the first full month of the next benefit period to participate in this program.
7. If you end your coverage, but sign up again within six months with the same employer, you can keep your award balance as long as your employer still offers a dental plan with Consumer MaxMultiplier. If six months or more pass, you will lose the award balance.
8. If your employer decides to change your dental plan, your award balance will move with you as long as the new plan includes Consumer MaxMultiplier.

UnitedHealthcare®

[1]You will not actually earn cash that you can access or withdraw. UnitedHealthcare adds the award dollars to your annual maximum for the following year and applies them to qualifying claims.

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter.

ATENCIÓN: Si habla español (Spanish), hay de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您説中文 (Chinese)，我們免費為您提供語言協助服務。請致電

This program may not be available in all states. Components subject to change.

This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company.

UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX, DPOL.12.TX and DPOL.12.TX (Rev. 9/16) and associated COC form numbers DCOC.CER.06, DCOC.CER.IND.12.TX and DCERT.IND.12.TX. Plans sold in Virginia use policy form number DPOL.06.VA with associated COC form number DCOC.CER.06.VA and policy form number DPOL.12.VA with associated COC form number DCOC.CER.12.VA.

Dental Plans

Administered by UnitedHealthcare

Additional Resources Included In Your Dental Plans

Get rewarded for taking care of your smile.

Our Consumer MaxMultiplier® program rewards you for keeping up with your dental care by adding dollars to next year's annual maximum. And it's included as part of your dental plan.

Earn up to $500[1] to add to your $1,500 annual maximum.

Program highlights:

- Earn award dollars for visiting your dentist at least once a year.[1]
- Your award dollars will help to pay for claims that go beyond your annual maximum.
- Unused award dollars can roll over each year.

How your award dollars add up:

Here's an example of the award dollars you could earn if you visit your dentist at least once this year.

This year's annual maximum is: **$1,500**

If your total claims are less than: **$750**

You'll earn an award of:

$400

Plus, if you have a Dental PPO plan and all claims are with network dentists, you'll earn an extra **$100**.

Your award dollars will be added to next year's annual maximum to pay for qualifying claims.

CONTINUED

UnitedHealthcare®

Dental Plans

Administered by UnitedHealthcare

Additional Resources Included In Your Dental Plans

Program rules:

1. $1,500 is the most award dollars that can be rolled over to the annual maximum. The total annual maximum cannot go above $3,000.
2. If your plan has different annual network and out-of-network maximums, the award dollars will be based on the annual out-of-network maximum.
3. Award dollars can be used for claims filed up to 180 days after your benefit period ends.
4. Award dollars can be used for both network and out-of-network claims.
5. Award dollars do not apply to orthodontic services.
6. If you sign up for a UnitedHealthcare Dental PPO or Dental In-Network Only (INO) plan in the last three months of a benefit period, you will have to wait until the end of the first full month of the next benefit period to participate in this program.
7. If you end your coverage, but sign up again within six months with the same employer, you can keep your award balance as long as your employer still offers a dental plan with Consumer MaxMultiplier. If six months or more pass, you will lose the award balance.
8. If your employer decides to change your dental plan, your award balance will move with you as long as the new plan includes Consumer MaxMultiplier.

View your annual maximum balance on **myuhc.com®**

Questions? Call the number on the back of your ID card.

UnitedHealthcare®

[1]You will not actually earn cash that you can access or withdraw. UnitedHealthcare adds the award dollars to your annual maximum for the following year and applies them to qualifying claims.

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter.

ATENCIÓN: Si habla español (Spanish), hay de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請致電

This program may not be available in all states. Components subject to change.

This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company.

UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX, DPOL.12.TX and DPOL.12.TX (Rev. 9/16) and associated COC form numbers DCOC.CER.06, DCOC.CER.IND.12.TX and DCERT.IND.12.TX. Plans sold in Virginia use policy form number DPOL.06.VA with associated COC form number DCOC.CER.06.VA and policy form number DPOL.12.VA with associated COC form number DCOC.CER.12.VA.

Say hello to Self Care from AbleTo

On-demand access to self-help for stress and emotional well-being

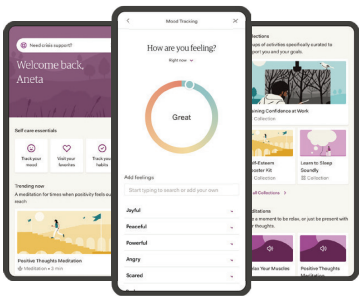
Get access to self-care techniques, coping tools, meditations and more—anytime, anywhere. With Self Care, you'll get personalized content that's designed to help you boost your mood and shift your perspectives. Tap into tools created by clinicians that are suggested for you based on your responses to a short, optional assessment. Self Care is here to help you feel better—and it's available at no additional cost to you.

Daily mood tracking
Answer daily questions to record your current mood, identify patterns and self-assess your progress.

Meditation tools
Explore classic methods of relaxation—like deep breathing and positive visualization—in the moment when you need them.

Collections
Build life skills with curated content, tools and resources for the stuff that matters most to you—from work life balance to sleep, and much more.

Personalized roadmap
Track your progress, set goals and make strides through weekly check-ins—Self Care helps you create a roadmap to support your self-guided journey to better mental health.



Ready to get started?

- Visit **ableto.com/begin > Have your health plan ID handy**
- Follow the steps to sign up
- Begin your self-care program

Learn more Visit **ableto.com/begin > Have your health plan ID handy**

United Healthcare | AbleTo

Legal Notices

Primary Care Provider Notice

Lamar Consolidated Independent School District Health Plan—Nexus Network generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.welcometouhc.com/nexus2

Lamar Consolidated Independent School District Health Plan—Charter Network generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Lamar Consolidated Independent School District—Charter Network Plan designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit www.welcometouhc.com/charter

Women's Health & Cancer Rights Act

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all states of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Contact your Benefits Department for more information

Michelle's Law

Michelle's Law requires group health plans to provide continued coverage for a dependent child covered under the plan if the child loses eligibility under Lamar Consolidated Independent School District Health Plan because of the loss of student status resulting from a medically necessary leave of absence from a post-secondary educational institution. If your child is covered under Lamar Consolidated Independent School District Health Plan, but will lose eligibility because of a loss of student status caused by a medically necessary leave of absence, your child may be able to continue coverage under our plan for up to one year during the medically necessary leave of absence. This coverage continuation may be available if on the day before the medically necessary leave of absence begins your child is covered under Lamar Consolidated Independent School District Health Plan and was enrolled as a student at a post-secondary educational institution.

A "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution (or change in enrollment status in that institution) that: (1) begins while the child is suffering from a serious illness or injury, (2) is medically necessary, and (3) causes the child to lose student status as defined under our plan.

The coverage continuation is available for up to one year after the first day of the medically necessary leave of absence and is the same coverage your child would have had if your child had continued to be a covered student and not needed to take a medical leave of absence. Coverage continuation may end before the end of one year if your child would otherwise lose eligibility under the plan – for example, by reaching age 26.

If your child is eligible for this coverage continuation and loses coverage under the plan at the end of the continuation period, COBRA continuation may be available at the end of the Michelle's Law coverage continuation period.

If you have any questions concerning this notice or your child's right to continued coverage under Michelle's law, please contact your Benefits Department.

HIPAA Notice of Privacy Practices Reminder

Lamar Consolidated Independent School District Health Plan is committed to the privacy of your health information. The administrators of the Lamar Consolidated Independent School District Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting your Benefits Department.

HIPAA Special Enrollment Rights

LAMAR CONSOLIDATED INDEPENDENT SCHOOL DISTRICT INITIAL NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS

Our records show that you are eligible to participate in the Lamar Consolidated Independent School District Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan – your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll you and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after you or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact your Benefits Department.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are **not** currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 877.KIDS.NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 866.444.EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. Contact your state for more information on eligibility.

ALABAMA – Medicaid
http://myalhipp.com 855.692.5447
ALASKA – Medicaid
The AK Health Insurance Premium Payment Program http://myakhipp.com/ | 866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid
http://myarhipp.com 855.MyARHIPP (855.692.7447)
CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 | Fax: 916.440.5676| Email: hipp@dhcs.ca.gov
COLORADO – Medicaid and CHIP
Health First Colorado (Colorado's Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 | State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 | State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 855.692.6442
FLORIDA – Medicaid
www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html 877.357.3268
GEORGIA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/ health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/ childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2
INDIANA – Medicaid
Healthy Indiana Plan for low-income adults 19-64 http://www.in.gov/fssa/hip/ | 877.438.4479 All other Medicaid https://www.in.gov/medicaid/ | 800.457.4584
IOWA – Medicaid and CHIP (Hawki)
Medicaid: https://dhs.iowa.gov/ime/members | 800.338.8366 Hawki: http://dhs.iowa.gov/Hawki | 800.257.8563 HIPP: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp | 888.346.9562
KANSAS – Medicaid
https://www.kancare.ks.gov/ 800.792.4884 | HIPP Phone: 800.967.4660
KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 | KIHIPPPROGRAM@ky.gov KCHIP: https://kynect.ky.gov | 877.524.4718 Medicaid: https://chfs.ky.gov/agencies/dms
LOUISIANA – Medicaid
www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
MAINE – Medicaid
Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US 800.442.6003 | TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/ applications-forms 800.977.6740 | TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP
https://www.mass.gov/masshealth/pa 800.862.4840 | TTY: 711| Email: masspremassistance@accenture.com
MINNESOTA – Medicaid
https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp 800.657.3739
MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084 | Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 | Lincoln: 402.473.7000 | Omaha: 402.595.1178
NEVADA – Medicaid
http://dhcfp.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program 603.271.5218 | Toll free number for the HIPP program: 800.852.3345, ext. 5218
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 609.631.2392 CHIP: http://www.njfamilycare.org/index.html 800.701.0710
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://dma.ncdhhs.gov 919.855.4100
NORTH DAKOTA – Medicaid
https://www.hhs.nd.gov/healthcare 844.854.4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742
OREGON – Medicaid and CHIP
http://healthcare.oregon.gov/Pages/index.aspx 800.699.9075
PENNSYLVANIA – Medicaid and CHIP
https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx 800.692.7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 800.986.KIDS (5437)
RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
http://gethipptexas.com 800.440.0493
UTAH – Medicaid and CHIP
Medicaid: https://medicaid.utah.gov CHIP: http://health.utah.gov/chip 877.543.7669
VERMONT – Medicaid
Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access 800.250.8427

VIRGINIA – Medicaid and CHIP
https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid and Chip: 800.432.5924
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid
https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

OMB Control Number 1210-0137 (expires 1/31/2026)

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Marketplace Notice

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[1] [2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

1 Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

2 An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 800.318.2596. TTY users can call 855.889.4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact the Benefit Department at 323.223.0315.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Lamar Consolidated Independent School District		4. Employer Identification Number (EIN) 74-6002016
5. Employer address 3911 Avenue I		6. Employer phone number 832.223.0000
7. City Rosenberg	8. State Texas	9. ZIP code 77471
10. Who can we contact about employee health coverage at this job? Benefit Department		
11. Phone number (if different from above) 832.223.0315	12. Email address emontalvo@lcisd.org	

Here is some basic information about health coverage offered by this employer:

» As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☑ Some employees. Eligible employees are: All employees who work an average of 20 or more hours per week.

» With respect to dependents:

☑ We do offer coverage. Eligible dependents are: Legal spouses, biological, adoptive, court appointed children until age 26, married or unmarried.

☐ We do not offer coverage.

☑ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? (mm/dd/yyyy) (Continue)

☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

☐ Yes (Go to question 15)

☐ No (STOP and return form to employee)

15. For the lowest cost plan that meets the minimum value standard[1] offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan?

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?

☐ Employer won't offer health coverage

☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan?

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

1 An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).

Important Notice from Lamar Consolidated Independent School District About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Lamar Consolidated Independent School District Employee Benefit Trust Health Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage.
2. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current Lamar Consolidated Independent School District Employee Benefit Trust Health Plan coverage may or may not be affected. Your current coverage pays for other health expenses in addition to prescription drug.

If you enroll in a Medicare prescription drug plan, you and your eligible dependents will be eligible to receive all of your current health and prescription drug benefits. As long as you are an active employee, the Lamar Consolidated Independent School District Employee Benefit Trust Health Plan prescription drug coverage will be considered primary, and benefits will have to be coordinated with the Medicare prescription drug plan. If you do decide to join a Medicare drug plan and drop your current Lamar Consolidated Independent School District Employee Benefit Trust Health Plan coverage, be aware that you and your dependents may not be able to get this coverage back.

WHEN WILL YOU PAY A HIGHER PREMIUM (PENALTY) TO JOIN A MEDICARE DRUG PLAN?

You should also know that if you drop or lose your current coverage with Lamar Consolidated Independent School District Employee Benefit Trust Health Plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

FOR MORE INFORMATION ABOUT THIS NOTICE OR YOUR CURRENT PRESCRIPTION DRUG COVERAGE...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will receive a copy of this notice during the annual election period (before the next period you can join a Medicare drug plan), or if this coverage through Lamar Consolidated Independent School District Employee Benefit Trust Health Plan changes. You also may request a copy of this notice at any time.

FOR MORE INFORMATION ABOUT YOUR OPTIONS UNDER MEDICARE PRESCRIPTION DRUG COVERAGE...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

FOR MORE INFORMATION ABOUT MEDICARE PRESCRIPTION DRUG COVERAGE:

» Visit www.medicare.gov.

» Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.

» Call 800.MEDICARE (800.633.4227). TTY users should call 877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 800.772.1213 (TTY 800.325.0778).

Date:	September 1, 2024
Name of Entity:	Lamar Consolidated Independent School District
Contact:	Benefits Department
Office Address:	3911 Avenue I Rosenberg, TX 77471

REMEMBER: KEEP THIS CREDITABLE COVERAGE NOTICE. IF YOU DECIDE TO JOIN ONE OF THE MEDICARE DRUG PLANS, YOU MAY BE REQUIRED TO PROVIDE A COPY OF THIS NOTICE WHEN YOU JOIN TO SHOW WHETHER OR NOT YOU HAVE MAINTAINED CREDITABLE COVERAGE AND, THEREFORE, WHETHER OR NOT YOU ARE REQUIRED TO PAY A HIGHER PREMIUM (A PENALTY).

Contact Information

BENEFIT	VENDOR	GROUP #	PHONE #	WEB
Employee Assistance Program (EAP)	SupportLinc	N/A	1.800.475.3327 SMS Text 'Support' to 51230	www.supportlinc.com Username: lamarcisd
	HGI	N/A	346.352.2195	N/A
	HOPE	N/A	832.223.HOPE(4673)	N/A
Medical	United Healthcare	742785	**Broad** – 866.844.4864 **Charter** – 877.805.1970 **Nexus** – 888.331.3408	www.myuhc.com
Prescription Drugs	United Healthcare	742785	**Broad** – 866.844.4864 **Charter** – 877.805.1970 **Nexus** – 888.331.3408	www.myuhc.com
Health Savings Accounts	Optum Bank	742785	866.234.8913	www.optumbank.com
Dental	UnitedHealthcare	742785	877.816.3596	www.myuhc.com
Advocate Center	Gallagher	N/A	844.717.9401	lamarcisdbenefits@ajg.com
Employee Benefits Department	LCISD	N/A	**Main** – 832.223.0300 **Erica** – 832.223.0315 **Cheryl** – 832.223.0313 **Trudy** – 832.223.0307 **Yosa** – 832.223.0375	www.lcisd.org

This benefit guide prepared by

Gallagher

Insurance | Risk Management | Consulting

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